



# Request to Change Major

**Registrar's Office**  
PO Box 1238  
Twin Falls, ID 83303-1238  
Phone: 208-732-6795  
Email: records@csi.edu

*TEMPORARILY, Students must declare their intent to change major using this form. Please note that the change will not take place immediately.*

**Date:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **CSI ID#:** \_\_\_\_\_

**Request to change major from:** \_\_\_\_\_

**TO NEW MAJOR:** \_\_\_\_\_  
*(BE specific: e.g. Hospitality AAS) AA, AS, AAS, BTC, ITC*

**CONCENTRATION: (If applicable)** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Registrar's Office Use Only**

*Processed by:* \_\_\_\_\_

*Date:* \_\_\_\_\_